

Thank you, Lynn, that was great! I am your State Health Commissioner, Judy Monroe, for those of you I have not had the pleasure of meeting yet. I would like to welcome all of you to Indiana's Obesity Summit today. Governor Daniels has challenged all of us to not only get in shape ourselves but at the same time help our state to be in better shape. I would like to sincerely thank Governor Daniels for his support of the summit today. We are also very grateful for the support of Anthem, Blue Cross-Blue Shield, being a key sponsor in today's summit, and for their partnership in this fight against obesity. A special thanks to Dennis Casey, President, Anthem Blue Cross-Blue Shield, and Vicky Perkins manager of Community Relations. We are very fortunate today to have representatives from the CDC. You will be hearing from them in a few minutes. I would like to especially thank Elizabeth Majestic, from the CDC, who has just been a tremendous support to us putting this summit together. You are going to hear from Lloyd Kolbe following my introduction, but I want to give thanks to him now for his knowledge and expertise that has been guiding us; and for the support from Indiana University.

Many hours of planning go into an event like this, and I can't name all the individuals who have put lots of hours into pulling this together – really in a very short timeline, but I am very grateful to ISDH, and Simply Hospitality, and all the folks who have been a real help to us today. But the real success today is going to be all of you, and the fact that all of you are here, and you're here to participate. We are going to put you to work this afternoon after we give you some guidelines this morning and some ideas. It's really thrilling today to have so many Indiana Trailblazers – you're going to hear from in just a little bit. But all of you, if you're not already a Trailblazer, can be!

Today's summit is about action and it is about commitment. We know the statistics, we feel the burden of chronic disease, and we pay the cost of poor health – not only as individuals in the loss of the potential of quality of life, but in dollars that are both public and private every day. We cannot stand back and allow our children to face a future of a burden greater than we already have of chronic disease. We cannot stand back and watch 10 year olds develop type 2 diabetes and then have coronary disease in their 20's and 30's. We cannot do that. It is time to act.

I was appointed your state health commissioner in March, and I have to tell you as I travel the state, I am so impressed with the talent we have in our state. There is an energy right now in Indiana. When Hurricane Katrina hit the gulf shores our state rallied. We put together in very short order Operation Hoosier Relief and set up Camp Indiana in Biloxi, MS. This operation is noted as one of the best in the country, if not the best. We are getting requests to tell other states how we did this. Operation Hoosier Relief was successful because Indiana put into action a strategic plan, with a diverse team organized around a defined mission with good communication, under experienced leadership.

Today you are asked to commit your energy, leadership, and creativity to the teamwork necessary to take on this problem of obesity. We have a mission. We have a mission to create the conditions for our citizens in Indiana to be healthy. We can only achieve our individual collective potential by realizing our potential for health. It's a complex problem. We talk about personal responsibility, but we have society responsibility. This

is an issue that has no bounds. It's all of us. So it's time for us to close that gap between what we know and what we do. I believe Indiana can lead the nation in this charge and be an example for others. Right now we are not the pole sitter, but nothing says you can't start in the 33rd row and cross the yard of bricks. We can do it first. To do this we need to be clear about our mission work and collaborate and integrate our efforts. That's why all of you are here today. You are a wide cross section of our society. None of us can solve this particular problem alone. But collectively we can make a huge difference in the lives of our children and adults.

Our vision is that InShape Indiana can serve as a clearing house for our state, and an umbrella to help pull all this together to help our state promote the highest quality of information programs and services in the most effective ways to help people, families, and communities protect their health and safety. We see healthy families, schools, communities, and work places in our near future because of all of you. It is time for us to reclaim our health. Preventable disease must be prevented now. We cannot wait any longer to put prevention first, so we need to ask ourselves the tough questions. Which part of this problem do I own and how can I help reshape it? And then we need to be bold and take action.

I worked in a laboratory. I worked at Walter Reed Army Medical Center right out of college before I went to medical school. This was really my first real work- site experience. My supervisor was obese and had all the chronic diseases that go with obesity. And you know what we did? All of us young folks there in the lab, but we were off running at noon time to keep in shape. Everyday at coffee break we had a tradition. We brought in baked goods and doughnuts every morning. Why did we do that? Looking back we had an opportunity where we could help our beloved supervisor by not bringing her that daily temptation. We had an opportunity. I lost that opportunity.

As a mother of three children I have watched well-educated, well-meaning parents supply abundant non-nutritional food and drink – you name it. After sporting events, band, church, Scouts – I can go on – I have been concerned that food in the schools and in the events and clubs is used as a reward in our society. We have an opportunity to make a difference – all of us. Just as Lynn St. James told us, we all have that opportunity if we step forward as individuals. As a family physician I have had patients in tears as they describe their struggles with weight gain. I have cared for families and communities throughout the life cycle, from cradle to grave. I've never had a patient come to me and say, "Doc, I want to be unhealthy." That has never been the chief complaint. Patients come to me first for help and advice and they want to feel better. My prescriptions for their improvement involve not just medications, but it may be a prescription for exercise, it may be a diet change, sometimes it means they may need counseling. Sometimes they are in a situation they need to get out of. They have got a bad situation, and they need a dramatic life change, and they need encouragement to be able to step out of that bad situation – so it's the environment sometimes that we need to change. Often I need to convene a family meeting. So today we have convened a family meeting here to be able to solve the problem. Sometimes I need to bring grandma to the visit when the toddler is

gaining too much weight and talk to grandma about what she is feeding the toddler while mom is at work. There are all kinds of angles.

Last week I saw a 48-year-old patient, and she told me I could tell her story this morning. She is going to post it on our web site. Forty-eight-year-old patient comes in and she has lost 50 lbs. this past year. Now she had ovarian cancer in the past. For several years she has had chronic fatigue and fibromyalgia and has had real difficulty and had gained too much weight. And the last time I saw her I was really fussing at her about her weight and her blood pressure, and so forth. So she comes in and she has a normal blood pressure and is looking much fitter and has lost 50 lbs. “How did you do it?” “Well I decided I had to make a commitment and I had to make a commitment to myself.” What was that commitment? “I decided that I could ride my exercise bike three minutes every day.” Three minutes every day was her commitment! She said it was horrible. It just about killed her to be on that bike three minutes a day. And then one day she found she could go four minutes. Then she could go five minutes. Then she modified her diet and took a hard look at what she was eating. And in changing her diet and changing her behavior, she is now up to 20 minutes a day and is 50 lbs. lighter, a year later. Small steps in the right direction can make big differences with sustained effort. We can no longer make excuses.

There are really only two types of problems if you narrow them down. There are technical problems, and that is where you need an expert to come in and fix the problem. So if I have a plumbing problem I call in a technical expert, the plumber comes in and fixes my plumbing. Or there are adaptive problems. Adaptive problems are where the person with the problem or the community (what have you) – it’s the people with the problem who need to solve that problem. So, if the reason I am calling the plumber is because I have someone in my house who keeps stuffing socks down the toilet, than that is an adaptive problem. I have to deal with the behavior at hand, and we have got to look at it differently. We have not adapted well to what has occurred in our society over the last 30 years. So now I find myself your state health commissioner and I see the state needing a change. Hoosiers need a comprehensive multi-disciplinary approach to this public health issue we are facing, this crisis we are facing. I recognize the need for many consultants and that’s where all of you come in.

My prescription for Indiana and this is the preliminary prescription, since I decided to write the prescription for Indiana following today’s summit, because I need you as the consultants to help me with it. But let me give you the framework of the prescription. We need to first move from the disease focus, for managing and treating diseases as they develop, to a health focus, preventing disease from occurring in the first place. We need to move from anecdotal experiences and conventional wisdom to action based on evidence, combining scientific certainty and reasonable guidelines. We need to move from traditional didactic approaches to innovative strategies focused on consumer needs and interest in the elimination of health disparity in our population groups. We need to move our focus from process to outcomes. So when I prescribe therapies to individual patients, the therapies only work if the patient adheres to the prescribed advice. Success is much more likely when the individual lives in a supportive environment and has the

resources needed to follow through. The patient who committed to three minutes a day on her bicycle – the other part of her success story is that she engaged her co-workers to support her in her effort to loose weight over the last year. So we have to have that support. So we all need to be here supporting one another, in our quest for a healthier society. So we need to pull together and focus on health, call into action the evidence that our science provides and creatively overcome barriers, and we will achieve those health outcomes that we are capable of claiming. We can do it and I believe we will. We have the energy in Indiana, and we need to harness it.

To give a clinical analogy, as I've come in as your state health commissioner, it feels like we are in atrial fibrillation. So, for those of you who are non-clinical, atrial fibrillation is when the atrium is not synchronized and it is kind of a bag of worms. There is a lot of activity – the patient is still up walking – but they are at a high risk of stroke. We need to look at the results of our Youth Risk Behavior survey that we have just reported for the State of Indiana last week. It shows that only 15.5 percent of our teens get enough fruit and vegetables. Only 16.2 percent maybe are getting enough calcium with three servings of dairy a day. And the number of teens who are overweight in our state in the last two years has gone from 11.5 to 15 percent. We are going backwards in our goals of healthy people 2010. Our efforts need to be synchronized and we need to shock our state into a strong sinus rhythm. Then the real work begins because then we need to sustain that rhythm. So this summit is meant to be the electricity to shock us and we need to sustain it.

Today's summit has several distinct parts. This morning you are going to hear from several experts in the field of obesity, and we will wrap up the morning hearing from our governor. You've already visited the booths out front. We have many of those so at breaks you will be able to go out into the hallway and visit the booths. I do encourage you to visit BGI and Marsh because if you sign up, there is going to be a raffle at the end of the day. We are going to conclude the day here in this room with a wrap up of what we have done. Then, after you have heard all the speakers this morning, this afternoon there will be break out groups, first by industry group. Then Dr. Kolbe is going to describe for you some strategies to look at what administrative policy you might look at for your groups. Then you're going to come together into your communities because we all need to be in this together.